

Case Number:	CM15-0109368		
Date Assigned:	06/18/2015	Date of Injury:	02/14/2012
Decision Date:	08/05/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male who sustained an industrial injury on 2/14/12. Diagnosis is far lateral disc herniation L4-L5 on the left with L4 radiculopathy. In a progress report dated 10/21/14, a treating physician notes he continues to have moderate low back pain with a burning sensation. He takes his Vicodin every other day. Exam reveals straight leg raise is negative, range of motion is normal, gait is normal, and there is no tenderness to palpation of the back. Vicoprofen provided, which is holding him steady. He takes it intermittently. Will restrict it to not to exceed more than 2 a day for the rest of this year and then one a day, thereafter. He will be re-evaluated on an as needed basis. Work status on 10/21/14 is noted as per permanent and stationary report. Work status noted on 9/20/13 is that he was currently working. The requested treatment is Vicoprofen 7.5/200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vicoprofen 7.5/200 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Vicoprofen (hydrocodone/ibuprofen), California Pain Medical Treatment Guidelines state that Vicoprofen is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicoprofen (hydrocodone/ibuprofen) is not medically necessary.